FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 FAMILY HEALTHCARE SVC EXTENDED LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) H 00 INITIAL COMMENTS H<sub>00</sub> This Statement of Deficiencies was generated as the result of a State licensure survey conducted on May 20, 2009. The state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state or local laws. The census was zero. Zero patient files were reviewed. A Plan of Correction must be submitted. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. RECEIVED Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. JUN 1 9 2009 The following regulatory deficiencies were LAS YEGAS, NEVADA identified: H152 449.782 Personnel Policies H152 Tag H152 – 449.782 Personnel Policies A home health agency shall establish written What corrective actions will be policies concerning the qualification, accomplished for those individuals found responsibilities and conditions of employment for

f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

SUPPLIER REPRESENTATIVE'S SIGNATURE

each type of personnel, including licensure if

required by law. The written policies must be

to have been affected by the deficient

practice?

| Bureau   | of Health Care Quali  | ty & Compliance   |  |                     |  |  |                          |
|--|---|---|--|---------------------|--|--|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER (X2329HHA |   |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING   |                     | (X3) DATE SURVEY<br>COMPLETED<br>05/20/2009  |  |                          |
| NAME OF F  | PROVIDER OR SUPPLIER  | ITTOLOGICA  | STREET ADI   | DRESS, CITY.        | STATE, ZIP CODE  | 00/20  | 72009                    |
|  | HEALTHCARE SVC E  | EXTENDED  | 1701 WES   |                     | ESTON ALVD, SUITE 150  |  |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIE<br>MUST BE PRECEDED BY<br>SCIDENTIFYING INFORMA  | FULL   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC   | ION SHOULD BE<br>HE APPROPRIATE  | (X5)<br>COMPLETE<br>DATE |
| H152   | reviewed as neede members of the sta The personnel polic 6. The maintenance confirm that person This Regulation is NRS 449.179 (3):  Initial and periodic history of employed certain agency of a 3. The administrate operate, an agency services in the home care, a facility for groups shistory of each employed at least administrator or periodic from the employee (b) Obtain written employee or independent of the fingerprints on paragraph (a) to the Nevada Records of submission to the I for its report; and (c) Submit the fing Repository for Nev History. | d and made available aff and the advisory goies must provide for e of employee recordinel policies are follownet met as evidence investigations of crime or independent conscility.  To or of, or the personal ne, a facility for internative or independent conscility for internative or independent context at the agency or fist once every 5 years reson shall:  I facility does not have employee or independent contractor to file or obtain two sets of fing or independent contractor to file or obtained pursue Central Repository for independent authorization from the ederal Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor to file or obtained pursue ender a Bureau of Internative Central Repository for independent contractor for | roups. Is which wed; Id by: Ininal tractor of censed to care nediate sidential criminal nt acility is acility is ractor;  e forward lant to for vestigation al ninal | H152                | Continued from Page 1 H15  The prints were sent to Repository for Nevada Criminal History on Ma confirming with the Rewould accept them.  2. How will you identify on having the potential to a same deficient practice corrective action will be Audit of all current empromptly re-fingerprinte to the Central Repositor Records of Criminal Hi  Attachment 1 — Fing Audit  3. What measures will be what systematic change ensure that the deficient recur?  New process initiated for fingerprints:  i. The Administrative Professional Service receive a list weekl for FHS from the UNevada HR Depart  ii. All of the employee on employee will sign Criminal History; of authorization to have completed at vendo complete the finger days. | the Central Records of ty 22, 2009 after cository that they  ther individuals the affected by the and what the taken.  Soloyee files will be encies will be encies will be end and submitted ty for Nevada story.  The practice or the will you make to the practice does not  or tracking of  Assistant to the est Director will ty of the new hires Inited HealthCare/ ment.  The sare entered on the chiral process the Statement of the Statement of the Statement of the Statement of the ingerprints the with direction to |                          |
| 16.3-6:  |   | e file review and staf  |  | 10.3                | Character of the control of the  | 5-1  |                          |
| If deficiencie<br>STATE FOR  |   | pian of correction must be  |  | •                   | after receipt of this statement of de QF0I11   | · 1 1 1  | ion sheet 2 of 16        |

PRINTED: 06/05/2009 **FORM APPROVED** Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H152 H152 Continued From page 2 Continued from Page 2 H152 - 449.782 The employee brings two fingerprint interview, the facility failed to comply with NRS cards to the Administrative Assistant 449,179 for 1 of 15 sampled employees (#13). once the fingerprinting is completed.

H173

Severity: 2 Scope: 3

Record review of Employee #13's file revealed,

#13's file did not have results of fingerprint

Employee #13 was hired on 11/13/08. Employee

background check as required by NRS 449.179

Interview with the agency's President on 5/20/09

completed but were not mailed out. The agency's

President was unable to verbalize why the cards

revealed, Employee #13's fingerprints were

were not sent to the Central Repository.

5. The physical therapist shall:

H173 449,791 Duties of Personnel

Findings include:

(a) Assist the physician in the evaluation of the patient by giving functional ability tests.

(b) With the physician, help to develop and implement a plan for physical therapy for the patient.

(c) Instruct members of the health care team. the patient and his family in the procedures and techniques needed for his physical rehabilitation and maintenance.

This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for physical therapists.

Findings include:

Review of the Physical Therapist Position

- vi. The Administrative Assistant tracks the fingerprinting process until the State and FBI results are received. If there is a delay, these Agencies are contacted.
- vii. Once the results from both Agencies are received, the information is entered into an electronic database to track the date to redo at 5 years. At that point the process listed above recurs.

Continued in Attachment 1

Tag H173 – 449.791 Duties of Personnel

What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?

No individuals were identified as being affected by the deficient practice.

2. How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.

All job descriptions for the Physical Therapy staff have the potential to be affected.

3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 3 of 16

| Bureau o   | of Health Care Quali  | ty & Compliance   |   |  |   |  |                          |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED  |                          |
| NVS2329HHA   |   | B. WING _   | <u> </u>  | 05/20                                  | )/2009  |  |                          |
| Control of the contro |   |   |   | DRESS, CITY,                           | STATE, ZIP CODE   |  | · ·                      |
| FAMILY LIEAT TUCADE SIZE SYTEMPED 1701 WES   |   |   | ST CHARLESTON ALVD, SUITE 150<br>AS, NV 89102           |  |   |  |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIE<br>Y MUST BE PRECEDED BY<br>SC IDENTIFYING INFORM  | FULL  | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORR<br>(EACH CORRECTIVE ACTION SI<br>CROSS-REFERENCED TO THE AF<br>DEFICIENCY)  | HOULD BE   | (X5)<br>COMPLETE<br>DATE |
| H173   | documented evider therapists shall assevaluation of the parability tests.  On 5/20/09 in the representation of the lack which physical there.   | d 3/27/06) revealed, nee in which physical sist the physician in thatient by giving function or the professional Services of documented eviderapists shall assist the aluation of the patients. | I<br>ne<br>onal<br>th the<br>s Director<br>ence in<br>e | H173                                   | i. UHC Nevada HR depart contracted to initiate the revisiting FHS physical description.  ii. FHS Professional Service will review and revise the descriptions to reflect the the personnel as outline regulations and submit to Nevada HR Department finalization.  Continued in Attachment 2  ***********************************  | ment will be process of therapy job these Director the current job e duties of in the the o UHC for  | - 2                      |
|  | 449.791 Duties of Personnel  6. The occupational therapist shall:     (a) Assist the physician in his evaluation of the patient's level of function and ability to perform activities of daily living.     (b) help to develop and implement the patient's care plan.     (c) Instruct members of the health care team and family who participate in the patient's occupational therapy. This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for occupational therapists.  Findings include:  Record review of the Occupational Therapist Position Description (revised 3/27/06) revealed, lacked of documented evidence in which occupational therapists shall instruct members of the health care team and family who participate in the patient's therapy. |   |   |  | 1. What corrective actions will accomplished for those indiv to have been affected by the practice?  No individuals were identified affected by the deficient practice.  2. How will you identify other is having the potential to be affected action will be taken affected.  All job descriptions for the Contractive action will be put in what systematic changes will be put in what systematic changes will ensure that the deficient practice in UHC Nevada HR depart contracted to initiate the revisiting FHS Occupating ob description. | tions will be hose individuals found ed by the deficient e identified as being icient practice. ify other individuals al to be affected by the etice and what will be taken. Is for the Occupational the potential to be all be put into place or anges will you make to icient practice does not the department will be nitiate the process of Occupational Therapy |                          |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H174 Continued From page 4 H174 Continued from Page 4 H174 - 449.791 ii. FHS Professional Services Director will review and revise the current job On 5/20/09 in the morning, interview with the descriptions to reflect the duties of President and the Professional Services Director the personnel as outline in the confirmed, the Occupational Therapist Position regulations and submit to UHC Description lacked documented evidence in Nevada HR Department for which occupational therapists shall instruct finalization. members of the health care team and family who participate in the patient's therapy. Continued in Attachment 3 Severity: 1 Scope: 3 Tag H176 – 449.793 Evaluation by H176 H176 449.793 Evaluation by Governing Body Governing Body A committee shall review all contracts and What corrective actions will be charters held by the agency to ascertain that: accomplished for those individuals found (a) Existing contracts are legal and up to to have been affected by the deficient date. practice? (b) The existing contracts meet the needs of FHS Policy #6.007 "Program Evaluation" all parties involved. has been revised to reflect regulations as This Regulation is not met as evidenced by: noted in NRS 449.773. Based on staff interview and policy review, the 2. How will you identify other individuals agency failed to formulate a policy statement having the potential to be affected by the indicating the agency would review all contracts. same deficient practice and what corrective action will be taken. Findings include: As this is a general administrative policy, On 5/20/09 in the afternoon, the President and all patients of the agency are potentially the Professional Services Director indicated affected by this practice. Policy #2.007A (last revised April 2007), policy 3. What measures will be put into place or #4.001B (last revised 8/22/01), and the agency's what systematic changes will you make to bylaws (approved on 5/25/00) addressed the ensure that the deficient practice does not agency's review of contracts. recur? FHS Annual Evaluation will include a Policy #2.007A, policy #4.001B, and the agency's review of existing contracts in accordance bylaws failed to indicate the necessity of with Policy #: 6.007 "Program reviewing contracts to ascertain whether existing Evaluation". contracts were legal and up to date and whether Attachment 4 - Policy#: 6.007 "Program existing contracts met the needs of all parties Evaluation" involved. f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Bureau of Health Care Quality & Compliance

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If continuation sheet 5 of 16

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|                          | T OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI  |  | (X2) MULTI<br>A. BUILDIN<br>B. WING _ |   | (X3) DATE SU<br>COMPLE  | ΓED   |  |
|                          |   | NVS2329HHA  |  |                                       |   | 05/20   | /2009 |  |
| NAME OF F                | PROVIDER OR SUPPLIER  |   |  | •                                     | STATE, ZIP CODE   |   |       |  |
| FAMILY                   | HEALTHCARE SVC  | EXTENDED  |  | ST CHARLES<br>AS, NV 8910             | STON ALVD, SUITE 150<br>02  |   |       |  |
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY)  | SHOULD BE COMPLETE  |       |  |
| H176                     | Additional policy re<br>Administrative Cod<br>Severity: 1 Scope   | view failed to addres<br>e 449.793(2a) and (2<br>e: 3   |  | H176                                  | 4. How will the corrective action monitored to ensure the def will not recur? What quality program will you put in pla Continued in Attachment 4  | ion be<br>licient practice<br>ly assurance  |       |  |
| H177                     |   | by Governing Body   |  | H177                                  | *********   | *****   |       |  |
|                          | office procedures of (a) The agency effective and econormal quality service.  (b) All office procedures of the correctly done at accepted accounting (c) Equipment meets operational This Regulation is Based on staff integrand agency failed to for   | All office procedures are up to date, filing city done and bookkeeping is meeting d accounting procedures and is current. Equipment is in good repair an adequately perational needs. gulation is not met as evidenced by: on staff interview and policy review, the failed to formulate a policy statement and |  |                                       | Tag H177 – 449.793 Evaluatio Governing Body  1. What corrective actions will accomplished for those indito have been affected by the practice?  FHS Policy #: 6.007 "Progrevaluation" has been revise regulations as noted in NRS  2. How will you identify other having the potential to be a same deficient practice and corrective action will be taken                        | tions will be hose individuals found ed by the deficient 7 "Program en revised to reflect d in NRS 449.773. ify other individuals il to be affected by the etice and what |       |  |
|                          | Findings include:  On 5/20/09 in the afternoon, the President and the Professional Services Director indicated Policy #4.001B (last revised 8/22/01) and the agency's bylaws (approved on 5/25/00) addressed the agency's review of management and office procedures.  Policy #4.001B and the agency's bylaws failed to indicate the necessity of reviewing management and office procedures to ascertain whether all office procedures were up to date, filing was correctly done, bookkeeping was current and meeting acceptable accounting practices, and office equipment was adequate and operational. |   |  | <b>\$</b> 3                           | As this is a general administ all patients of the agency are affected by this practice.  3. What measures will be put it what systematic changes with ensure that the deficient practice.  FHS Annual Evaluation will review of office procedures, accuracy, accounting practice equipment in accordance with 6.077 "Program Evaluation"  Attachment 5— Policy#: 6.06 Evaluation" | e potentially  nto place or  ll you make to actice does not  l include a filing action and office th Policy #:  |       |  |

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If continuation sheet 6 of 16

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD. SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H177 H177 Continued From page 6 Continued from Page 6 H177 449.793 How will the corrective action be Additional policy review failed to address Nevada monitored to ensure the deficient practice Administrative Code 449.793(3b) and (3c). will not recur? What quality assurance program will you put in place? Severity: 1 Scope: 1 Continued in Attachment 5 H186 449,797 Contents of Clinical Records H186 Tag H186 – 449.797 Contents of Clinical Clinical records must contain: Records 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from What corrective actions will be which the patient is transferred to the home accomplished for those individuals found health agency. to have been affected by the deficient This Regulation is not met as evidenced by: practice? Based on policy review and interview, the agency No patients were affected by this practice. failed to meet the general requirements for clinical records. How will you identify other individuals having the potential to be affected by the Findings include: same deficient practice and what corrective action will be taken. Review of the agency's policy and procedure on There are no current patients in the Contents of Clinical Record Policy Extended Care Division; therefore, no #7.012(effective 2/21/01) revealed, lacked of patients are affected by this practice. documented evidence in which clinical records What measures will be put into place or must contain a clinical summary from the what systematic changes will you make to hospital, skilled nursing facility or other health ensure that the deficient practice does not service facility from which the patient is recur? transferred to the home health agency. The Contents of the Clinical Records Policy will be revised to meet the The agency's policy and procedure stated: regulatory requirement of the State Regulations to assure the policy supports The minimum contents of the clinical record the need for clinical records to have a includes: clinical summary for the hospital, skilled A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized facility or other health service facility representative, if applicable. from which the patient is transferred to the B. Information as to whether home health home health agency. The policy will be services after hospitalization in a hospital, skilled submitted to the Performance

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nursing facility or other health service facility and,

if so, the dates of admission and discharge from

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these facilities.

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If continuation sheet 7 of 16



Improvement Leadership Committee for

initial approval and then to the

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H186 Continued from Page 7 H186-449.797 H186 Continued From page 7 Professional Advisory Group and Board C. Name, telephone number, and address of of Directors for final approval. family/caregiver and patient representative to be contacted in the event of an emergency/death. • Attachment 6 - Contents of the Clinical D. Patient's primary diagnosis and prognosis. Record Policy E. Legible, complete and individualized 4. How will the corrective action be diagnostic and therapeutic orders signed by the monitored to ensure the deficient practice physician within 20 working days (cross reference will not recur? What quality assurance Policy No:3-002 and 4-003). program will you put in place? F. Dietary restrictions, if any. The annual evaluation of the Agency G. Medication allergies or sensitivities. program will include a review of the H. Suitability or adaptability of the home to Contents of the Clinical Records Policy to planned services. assure the policy is maintained current I. Safety measures to protect the patient from with State Regulations. iniury. J. Notes for each service provided, indicating 5. Responsible Party: date, agency personnel and care provided. **Professional Services Director** K. Record and findings of initial and ongoing 6. Anticipated date of completion: assessments. July 15, 2009 L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. If continuation sheet 8 of 16

Bureau of Health Care Quality & Compliance

STATE FORM

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H186 H186 Continued From page 8 dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. On 5/20/09, interview with the President and the Professional Services Director confirmed lacked of documented evidence in the agency's policy in which, clinical records must contain a clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. Severity: 1 Scope: 3 Tag H189 – 449.797 Contents of Clinical H189 H189 449.797 Contents of Clinical Records Records 6. Nurses' notes that follow a good medical What corrective actions will be format, including pertinent observations regarding accomplished for those individuals found a patient's physical and mental status. to have been affected by the deficient procedures done, examinations, dietary status practice? and recommendations. No patients were affected by this practice. This Regulation is not met as evidenced by: How will you identify other individuals Based on policy review and staff interview, the having the potential to be affected by the agency failed to meet the general requirements same deficient practice and what for clinical records. corrective action will be taken. Findings include: There are no current patients in the Extended Care Division; therefore, no Review of the policy and procedure on the patients are affected by the practice. Contents of the Clinical Record Policy #7.012 What measures will be put into place or (effective date 2/21/01) revealed, lacked of what systematic changes will you make to documented evidence in which clinical records ensure that the deficient practice does not must contain nurses' notes that follow a good recur? medical format, including pertinent observations The Contents of the Clinical Records regarding a patient's physical and mental status, Policy will be revised to meet the procedures done, examinations, dietary status regulatory requirement of the State and recommendations. Regulations to assure the policy supports If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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| ND PLAN                  | FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS2329HHA  |  | MBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING |   | (X3) DATE SURVEY<br>COMPLETED<br>-<br>05/20/2009  |                          |
|--------------------------|--|--|--|--|---|---|--------------------------|
| 1701 WEST                |  |  | DRESS, CITY, STATE, ZIP CODE<br>ST CHARLESTON ALVD, SUITE 150<br>AS, NV 89102  |  |   |   |                          |
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | ID<br>PREFIX<br>TAG                              | PROVIDER'S PLAN OF C<br>(EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO TI<br>DEFICIENCY   | ON SHOULD BE<br>HE APPROPRIATE  | (X5)<br>COMPLETE<br>DATE |
|                          | The minimum contincludes:  A. Patient's name date of birth, and here resentative, if a B. Information as services after hosy nursing facility or of if so, the dates of a these facilities.  C. Name, telephofamily/caregiver are contacted in the exponentated in the exp | tents of the clinical retents of the clinical retents of the clinical retents of the clinical retents of the clinical retents, sex, address, phone his/her legal authorized applicable, to whether home head italization in a hospit other health service fraction and discharge and individualization and patient representativent of an emergency and address and progreta and individualization and approaches or sensitivities. It is to protect the patients are which includes and approaches for a service provided, individualization and care provided and approaches for a first care which includes and approaches for a first pertinent to the patients of treatment. The process of the patients of the patients of the patients of all medical conditions of the patients of the patients of all medical conditions are the patients of all medical conditions are provided and approaches for a patients of the | e number, ed  alth al, skilled acility and, arge from ress of tive to be r/death. gnosis. I d by the s reference e to nt from licating ded. agoing es: providing ions lan of care. he level of | H189   | Continued from Page 9 evidence that the clinical nurse's notes that follow format, including pertin regarding the patient's procedure examinations, dietary strecommendations. The submitted to the Perford Improvement Leadershi initial approval and the Professional Advisory Edirectors for final approximation of the Record Policy  4. How will the corrective monitored to ensure the will not recur? What query program will you put in The annual evaluation of program will include a contents of the Clinical assure the policy is main with State Regulations.  5. Responsible Party: Professional Services D 6. Anticipated date of computing 15, 2009 *********************************** | al records contain a good medical ent observations obysical and es done, eatus and policy will be mance in Committee for a to the Board and Board of oval.  Ints of the Clinical action be a deficient practice enality assurance place?  If the Agency review of the Records Policy to intained current irector pletion: |                          |

**FORM APPROVED** Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING **B. WING** NVS2329HHA 05/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) **CROSS-REFERENCED TO THE APPROPRIATE** TAG TAG **DEFICIENCY)** H189 Continued From page 10 H189 observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy on the clinical records lacked documented evidence in which, it must contain nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. Severity: 1 Scope: 3 Tag H190 - 449.797 Contents of Clinical H190 449.797 Contents of Clinical Records H190 Records 7. Therapist's notes, if applicable, stating the What corrective actions will be rehabilitative procedures, progress and the types, accomplished for those individuals found duration and frequency of the modalities to have been affected by the deficient rendered. This Regulation is not met as evidenced by: No patients were affected by this practice. Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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PRINTED: 06/05/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD. SUITE 150 FAMILY HEALTHCARE SVC EXTENDED LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) H190 Continued From page 11 H190 Continued from Page 11 H190 449-797 2. How will you identify other individuals having the potential to be affected by the Findings include: same deficient practice and what corrective action will be taken. Record review of the agency's policy of Contents of the Clinical Record Policy #7.012(effective There are no current patients in the 2/21/01) revealed, the agency lacked Extended Care Division; therefore, no documented evidence in which clinical records patients are affected by the practice. must contain therapists' notes, if applicable, 3. What measures will be put into place or stating the rehabilitative procedures, progress what systematic changes will you make to and the types, duration and frequency of the ensure that the deficient practice does not modalities rendered. recur? The Contents of the Clinical Records The agency's policy and procedure indicated: Policy will be revised to meet the regulatory requirement of the State The minimum contents of the clinical record Regulations to assure the policy supports includes: the need for clinical records to contain A. Patient's name, sex, address, phone number. therapist notes, if applicable, stating the date of birth, and his/her legal authorized rehabilitative procedures, progress and the representative, if applicable. types, duration and frequency of the B. Information as to whether home health modalities rendered. The policy will be services after hospitalization in a hospital, skilled submitted to the Performance nursing facility or other health service facility and, Improvement Leadership Committee for if so, the dates of admission and discharge from initial approval and then to the these facilities. Professional Advisory Board and Board of C. Name, telephone number, and address of Directors for final approval. family/caregiver and patient representative to be contacted in the event of an emergency/death. • Attachment 6 - Contents of the Clinical D. Patient's primary diagnosis and prognosis. Record Policy E. Legible, complete and individualized 4. How will the corrective action be diagnostic and therapeutic orders signed by the monitored to ensure the deficient practice physician within 20 working days (cross reference will not recur? What quality assurance Policy No:3-002 and 4-003). program will you put in place? F. Dietary restrictions, if any.

f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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injury.

planned services.

G. Medication allergies or sensitivities.

H. Suitability or adaptability of the home to

I. Safety measures to protect the patient from

 J. Notes for each service provided, indicating date, agency personnel and care provided.

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If continuation sheet 12 of 16



The annual evaluation of the Agency

program will include a review of the

assure the policy is maintained current

with State Regulations.

Contents of the Clinical Records Policy to

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS2329HHA 05/20/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) H190 Continued From page 12 H190 Continued from Page 12 H190 449.797 K. Record and findings of initial and ongoing 5. Responsible Party: assessments. L. A plan for patient care which includes: Professional Services Director a. Objectives and approaches for providing 6. Anticipated date of completion: services. July 15, 2009 b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. i. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy did not include that therapists' notes, if applicable, must contain rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. Severity: 1 Scope: 3

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If continuation sheet 13 of 16



Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H191 Continued From page 13 H191 Tag H191 – 449.797 Contents of Clinical H191 H191 449.797 Contents of Clinical Records Records 8. A written evaluation for services made at the 1. What corrective actions will be time the patient is admitted for care. Regular accomplished for those individuals found written reevaluations for services and to have been affected by the deficient assessments of patients made on a continuing practice? basis. No patients were affected by this practice. This Regulation is not met as evidenced by: Based on policy review and staff interview, the How will you identify other individuals agency failed to meet the general requirements having the potential to be affected by the for clinical records. same deficient practice and what corrective action will be taken. Findings include: There are no current patients in the Extended Care Division; therefore, no Record review of the Contents of the Clinical patients are affected by the practice. Record Policy #7.012 (effective 2/21/01) What measures will be put into place or revealed, the agency lacked documented what systematic changes will you make to evidence in which clinical records must contain a ensure that the deficient practice does not written evaluation for services made at the time recur? the patient is admitted for care. Regular written re-evaluations for services and assessments of The Contents of the Clinical Records patients made on a continuing basis. Policy will be revised to meet the regulatory requirement of the State Regulations to assure the policy supports The agency's policy and procedure indicated: the need for clinical records to contain a written evaluation for services made at the The minimum contents of the clinical record time the patient is admitted for care. In includes: addition, the Clinical Record will contact A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized regular written re-evaluations for services representative, if applicable. and assessments of patients made on a B. Information as to whether home health continuing basis. The policy will be services after hospitalization in a hospital, skilled submitted to the Performance nursing facility or other health service facility and, Improvement Leadership Committee for if so, the dates of admission and discharge from initial approval and then to the these facilities. Professional Advisory Board and Board of C. Name, telephone number, and address of Directors for final approval. family/caregiver and patient representative to be • Attachment6 - Contents of Clinical contacted in the event of an emergency/death. Record Policy D. Patient's primary diagnosis and prognosis. E. Legible, complete and individualized

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 14 of 16



Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued from Page 14 H191- 449.797 H191 Continued From page 14 H191 How will the corrective action be diagnostic and therapeutic orders signed by the monitored to ensure the deficient practice physician within 20 working days (cross reference will not recur? What quality assurance Policy No:3-002 and 4-003). program will you put in place? F. Dietary restrictions, if any. The annual evaluation of the Agency G. Medication allergies or sensitivities. program will include a review of the H. Suitability or adaptability of the home to Contents of the Clinical Records Policy to planned services. I. Safety measures to protect the patient from assure the policy is maintained current injury. with State Regulations. J. Notes for each service provided, indicating 5. Responsible Party: date, agency personnel and care provided. Professional Services Director K. Record and findings of initial and ongoing Anticipated date of completion: 6. assessments. L. A plan for patient care which includes: July 15, 2009 a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney.

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If continuation sheet 15 of 16

PRINTED: 06/05/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS2329HHA 05/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 WEST CHARLESTON ALVD, SUITE 150 **FAMILY HEALTHCARE SVC EXTENDED** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY H191 Continued From page 15 H191 On 5/20/09, interview with the President and the Professional Service Director revealed, the agency's policy lacked documented evidence in which the clinical records must contain a written evaluation for services made at the time the patient is admitted for care, to include regular written re-evaluations for services and assessment of patients made on a continuing basis. Severity: 1 Scope: 3 H194 449.800 Medical Orders H194 Tag H194 – 449.800 Medical Orders 1. A complete diagnosis must be included with What corrective actions will be the medical orders as well as any relevant accomplished for those individuals found problems.. to have been affected by the deficient This Regulation is not met as evidenced by: practice? Based on staff interview and policy review, the No patients were affected by this practice. agency failed to formulate a policy statement How will you identify other individuals indicating the necessity of including a diagnosis having the potential to be affected by the with medical orders. same deficient practice and what corrective action will be taken. Findings include: There are no current patient sin the On 5/20/09 in the afternoon, the Professional Extended Care Division; therefore, no Services Director indicated Policy #3,008B patients were affected by this practice. (revised on 5/25/00) addressed the medical What measures will be put into place or orders section of state regulations. what systematic changes will you make to ensure that the deficient practice does not Policy #3.008B failed to indicate the necessity of recur? including a diagnosis with medical orders. The Plan of Care Policy will be revised to meet the regulatory requirements of the Additional policy review failed to address Nevada State Regulations to assure the policy Administrative Code 449.800(1).

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Severity: 1 Scope: 3

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If continuation sheet 16 of 16

supports the need for the medical orders to include the requirement of a diagnosis

with the medical orders. The policy will

be submitted to the Performance